

## Self-assessment Checklist: Provider-Patient Relationship and Effective Communication

This resource is designed to help providers evaluate policies and procedures relating to patient communication and professional boundaries. For additional risk control tools and information on a range of other risk management-related topics, visit the [CNA website](#).

Risk Control Guidelines	Present? Yes/No	Comments
<b>Patient Communication</b>		
<p><b>Do providers clearly convey the severity of the problem</b> and the risks of failing to implement instructions? For example, <i>“Your wound must be cleaned three times a day in the first week after surgery, in order to avoid hard-to-treat infections and permanent scarring. What questions do you have about dressing changes?”</i></p>		
<p><b>Do providers explain to patients that they must take some responsibility</b> for the outcome of their care or treatment? For example, <i>“We both want you to benefit from physical therapy, but I’m not sure you fully support our current approach.”</i></p>		
<p><b>Do providers relate personally to patients</b> in order to build a stronger therapeutic partnership? For example, <i>“Tell me, what can I do differently to better help you meet your personal health goals?”</i></p>		
<p><b>Are providers and staff trained to communicate with difficult patients</b>, using live workshops and role-playing scenarios?</p>		
<b>Setting Patient Goals</b>		
<p><b>Are patients encouraged to identify goals and preferences on their own</b>, before the provider offers suggestions? For example, <i>“Let’s talk about the various treatment options, and then decide what is suitable for you.”</i></p>		
<p><b>Do patient encounters begin with a discussion of the patient’s personal concerns</b>, rather than a recap of laboratory or diagnostic workups? For example, <i>“First, tell me what concerns you most, and then we’ll discuss test results.”</i></p>		
<p><b>Does each encounter end with the patient verbalizing at least one self-management goal</b> in a clear and specific manner? For example, <i>“I will monitor blood glucose levels before meals and at bedtime between now and my next appointment.”</i></p>		

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<b>Patient Education</b>		
<b>Are barriers to communication assessed and documented</b> in the patient healthcare information record, including low health literacy, cognitive impairment and limited English proficiency?		
<b>Are qualified and credentialed interpreters available</b> when required?		
<b>Is the “teach-back” technique used</b> to ensure understanding of proposed treatments, services and procedures – e.g., not only asking patients if they have any questions about their medications, but also requesting that they describe in their own words how to take them?		
<b>Is use of the teach-back technique documented</b> in the patient healthcare information record?		
<b>Are patients asked to explain in everyday language the medical information they have been given</b> , including:		
• Diagnosis or health problem?		
• Recommended treatment or procedure?		
• Risks and benefits of the recommended treatment or procedure, as well as alternatives to it?		
• Patient responsibilities associated with the recommended treatment?		
<b>Are patients asked to repeat back critical instructions</b> , and is their response noted in the patient healthcare information record? For example, <i>“It is important that we remain on the same page regarding your recovery. Can you tell me in your own words what an infected wound looks like and what you would do if you saw signs of infection?”</i>		
<b>Barriers to Compliance</b>		
<b>Are underlying factors affecting compliance explored with patients</b> in a nonjudgmental manner? For example, <i>“It sounds as if you may be concerned about the medication’s possible side effects. Is that why you have not taken it as prescribed?”</i>		
<b>Do providers strive to achieve a mutually acceptable plan of care with hesitant patients</b> , using the following strategies:		
• Identifying and recognizing specific patient concerns, such as the out-of-pocket costs of a surgical procedure?		
• Identifying practical or logistical difficulties that may hinder compliance, such as lack of reliable transportation to and from the practice?		
• Encouraging patients to get a second opinion, if desired?		
• Taking the time to explain the potential consequences of failing to comply with recommendations?		
<b>Are open-ended questions used</b> to assess a patient’s resistance to change? For example, <i>“How do you think your life would be different if you stopped smoking?”</i>		
<b>Are patients asked if they have a means of contacting healthcare providers</b> in the event they cannot make an appointment or pick up a medication?		
<b>Is there an assessment of the patient’s capacity to perform essential tasks</b> , such as changing dressings or picking up prescriptions?		

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<b>Patient Management</b>		
<b>Do patient healthcare information records note the individuals upon whom patients rely</b> to meet their general healthcare needs (e.g., spouse, relatives, paid caregivers, friends, etc.)?		
<b>Are written protocols established and implemented for patient management issues</b> , including:		
• Effective pain management, including prescriber responsibility to mitigate the risk of drug diversion, misuse, non-medical use and/or addiction?		
• Appointment or procedure cancellations?		
• Unacceptable behavior, such as belligerent voicemail messages, yelling or cursing at staff?		
• After-hours patient management?		
• Refusal to consent to recommended treatment?		
• Noncompliance with recommendations regarding medications or lifestyle changes?		
• Patient termination?		
<b>Are patients reminded of upcoming appointments</b> , including referrals and laboratory visits, and are reminders documented in the patient healthcare information record?		
<b>Are electronic alerts used</b> to remind patients with a history of noncompliance about screening and monitoring requirements?		
<b>Are blind or otherwise impaired patients informed of subscription services</b> that, via wireless devices, deliver reminders to take medications or perform other self-care activities?		
<b>Are follow-up and referral appointments scheduled and entered in the computer system</b> before patients leave the facility?		
<b>Does written policy require documentation of no-shows</b> , as well as appropriate follow-up?		
<b>Is there a written policy for terminating the provider-patient relationship</b> if the patient is chronically noncompliant?		
<b>Professional Boundaries</b>		
<b>Are activities with patients that fall outside of accepted medical or mental health practices carefully avoided</b> (e.g., agreeing to meet them at social events or communicating with them on a social media site outside the parameters of a professional relationship)?		
<b>Do providers read the state medical practice act at least once a year</b> to strengthen their awareness of the legal and ethical scope of practice?		
<b>Is there ongoing peer review and performance evaluations of all healthcare providers' competencies</b> , focusing on clinical conduct, ethical awareness, and rapport with colleagues and patients?		

This tool serves as a reference for organizations seeking to evaluate risk exposures associated with the provider-patient relationship. The content is not intended to represent a comprehensive listing of all actions needed to address the subject matter, but rather is a means of initiating internal discussion and self-examination. Your clinical procedures and risks may be different from those addressed herein, and you may wish to modify the tool to suit your individual practice and patient needs. The information contained herein is not intended to establish any standard of care, serve as professional advice or address the circumstances of any specific entity. These statements do not constitute a risk management directive from CNA. No organization or individual should act upon this information without appropriate professional advice, including advice of legal counsel, given after a thorough examination of the individual situation, encompassing a review of relevant facts, laws and regulations. CNA assumes no responsibility for the consequences of the use or nonuse of this information.